

**AOTA Statement
White House Conference on Aging
Listening Session
December 10, 2004**

My name is Janie Scott. I am the Practice Director at the American Occupational Therapy Association, an 87-year-old professional organization representing over one hundred thousand occupational therapists: scientists, researchers, practitioners, assistants, and students.

We applaud the efforts of the White House Conference on Aging to set an agenda for establishing public policies that support the well-being of seniors in this changing environment. Change must be the first focus of the Conference—change in what present and future seniors will want and change in how policy must respond to those changing needs.

Today, unlike years past, many seniors (or soon-to-be seniors) remain gainfully employed well into their eighties; most drive cars and have for all or nearly all of their adult life and they expect to keep doing so; many will live longer and wish to remain more healthy and active with a continuing desire to participate in their communities, and many will choose to grow old in their own homes –“age in place” - rather than be cared for in institutional settings

In these areas of employment, mobility, participation, wellness and aging in place, occupational therapists can, do and will play a key role in meeting seniors’ changing needs. We are testifying today that public policies for training, health care, community supports and research must change to be able to meet those needs and to fully make use of the benefits occupational therapy can provide to accommodate these new societal demands.

It has always been the occupational therapist’s role to maximize each person’s ability to take part in the activities of daily living, and participate as much as possible in the day-to-day things that give our lives meaning. As occupational therapists, it is our job to determine what people want to do, and help them do it. The “graying” of the population and the rising expectations of aging baby boomers have caused us to open an array of new OT practice areas for: older drivers, caregivers, people with low vision, and people who want to age in place, to name just a few. We now see a need for public policy to support the good things OT does to increase seniors’ full participation so they feel part of the community; remaining active and valued for what they are, and what they do for as long as possible.

In the groundbreaking research known as the “Well Elderly Study,” conducted by the Occupational Therapy Department at the University of Southern California, the evidence overwhelmingly supports a strong connection between feeling useful and engaged, and actually being well. Additional analyses of this study have shown a substantial cost benefit to providing

these services. But more research is needed to examine further the benefits of occupational therapy interventions on areas such as cognition, memory, and ability to function.

When it comes to employment, it is clear we need seniors to remain productive members of the workforce longer. In a statement to the U.S. Senate Special Committee on Aging Hearing on ***“Breaking the Silver Ceiling: A Generation of Older Americans Redefining the New Rules of the Workplace,”*** AOTA detailed ways employers and older employees can benefit from occupational therapy services:

“Occupational therapists look at the individual’s strengths and needs with respect to daily performance at work, focusing on the relationship between the client and their performance abilities, the demands of the activity, and the physical and social contexts within which the activity is performed.

“Consulting with employers and their older workers, occupational therapists can design alternative work schedules, and address any psychosocial aspects of the worker and work environment to help improve the worker-job fit.

“Changes associated with aging, such as loss of vision and hearing and mobility impairments, create opportunities for occupational therapists to recommend design improvements based on a universal design perspective. Benefits of universal design in the workplace include injury prevention, reduced health care related expenses, and cost savings due to less retrofitting. Assisting designers who develop and design products and work environments to adopt a universal design perspective may diminish the need for employers to use special technology and architectural modifications to accommodate older workers or workers with disabilities.

“Facilitating successful aging in the workplace is one such role that is both timely and one where occupational therapy can make a difference. Occupational therapists can design programs for older workers that diminish the probability of acquiring a disability. This can be achieved through the use of a conceptual model for successful aging that emphasizes the importance of active engagement with life for maintenance of functional capacities and acknowledges a hierarchical placement for avoidance of disease and disability. Research has demonstrated the impact of engagement in meaningful occupations on health and well-being.

“Many older workers obtain great satisfaction and meaning in employment beyond supplemental income advantages; working can improve physical and cognitive health, emotional well-being, and spiritual connectedness. Continued working for older adults can help them remain connected to the community, their friends, and their skills through maintaining work routines and schedules, as well as the potential contribution from the cumulative experience and wisdom in a particular field.”

But occupational therapy isn't just about jobs and employment, it is about full participation in life and some of the emerging areas of practice areas focus on teaching skills for the job of living. Accumulated evidence suggests that neurological, cognitive, physical, and psychological age-related changes do occur. However, these changes are not universal or inevitable and there are often ways to ameliorate the impact to enable driving—often through the use of occupational therapy interventions. People vary tremendously as to when they experience these changes, and age-related changes in abilities may not necessarily imply impaired driving ability. Occupational therapists can perform clinical assessments, and offer techniques and assistive technologies to help seniors drive safely longer. But more needs to be done to support the research as well as to change public policy to support the concept of older driver rehabilitation before cessation.

Expanding the capability of occupational therapy to address elders' community mobility needs is the focus of some ongoing research and training development being conducted by AOTA and the University of Florida. The focus is on using occupational therapy principles and skills to evaluate driving capability, design interventions to improve driving, and use technology—both low and high tech—to assure safe driving. But more research is needed to effectively identify the best ways to improve public health and safety and to ensure individual capabilities are preserved as much as possible. But the policies responding to the changing needs of our senior population are lagging far behind. Of all the policy changes, first and foremost, is the need for more public research dollars to gather evidence that supports the development of new therapies and techniques to address these new issues.

In a similar vein, we also see a need to continually update Medicare to better address the realities of aging in America. Existing benefit criteria must be altered to make available those services that have been proven to yield results as occupational therapy was found to do in the Well Elderly study mentioned earlier.

Another area Medicare needs to address is “preventive intervention. “We’ve proven that testing for conditions and early intervention to address disease saves lives and lowers healthcare costs. Prevention is not just about tests and early identification of disease, but is also about ensuring access to services that have a proven impact on lifestyle choices, healthy living, and avoiding illness and injury (such as those resulting from falling, poor driving, or limits in self-care.) Now it is time for Medicare to support preventive use of existing covered services. In AOTA’s September 21 statement to the U.S. House of Representatives committee on energy and commerce for the hearing “***Keeping Seniors Healthy: New Preventative Benefits in the Medicare Modernization***”, AOTA argues the preventive occupational therapy can aid older persons in staying healthier and more independent by helping them to assimilate health-promoting changes into their daily lives. The positive effects of preventive occupational therapy can be maintained over time, helping seniors to age successfully in their own homes and communities and avoid dependence on costly hospitals and nursing homes. Occupational

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therapists and occupational therapy assistants are part of the injury prevention and care team for older adults, their families, and caregivers. The preventive areas in which occupational therapists work include: fall prevention, vision rehabilitation, driving and mobility, and mental health. Research to support this direction and to evaluate the true cost benefits is absolutely critical to achieving a truly modern Medicare program.

There are many services, supports, and interventions that can be used to further the continued productivity, involvement and health of Americans as they age. AOTA and the occupational therapy profession will continue to advocate for a society, supported by appropriate public policy, to make these available to all.